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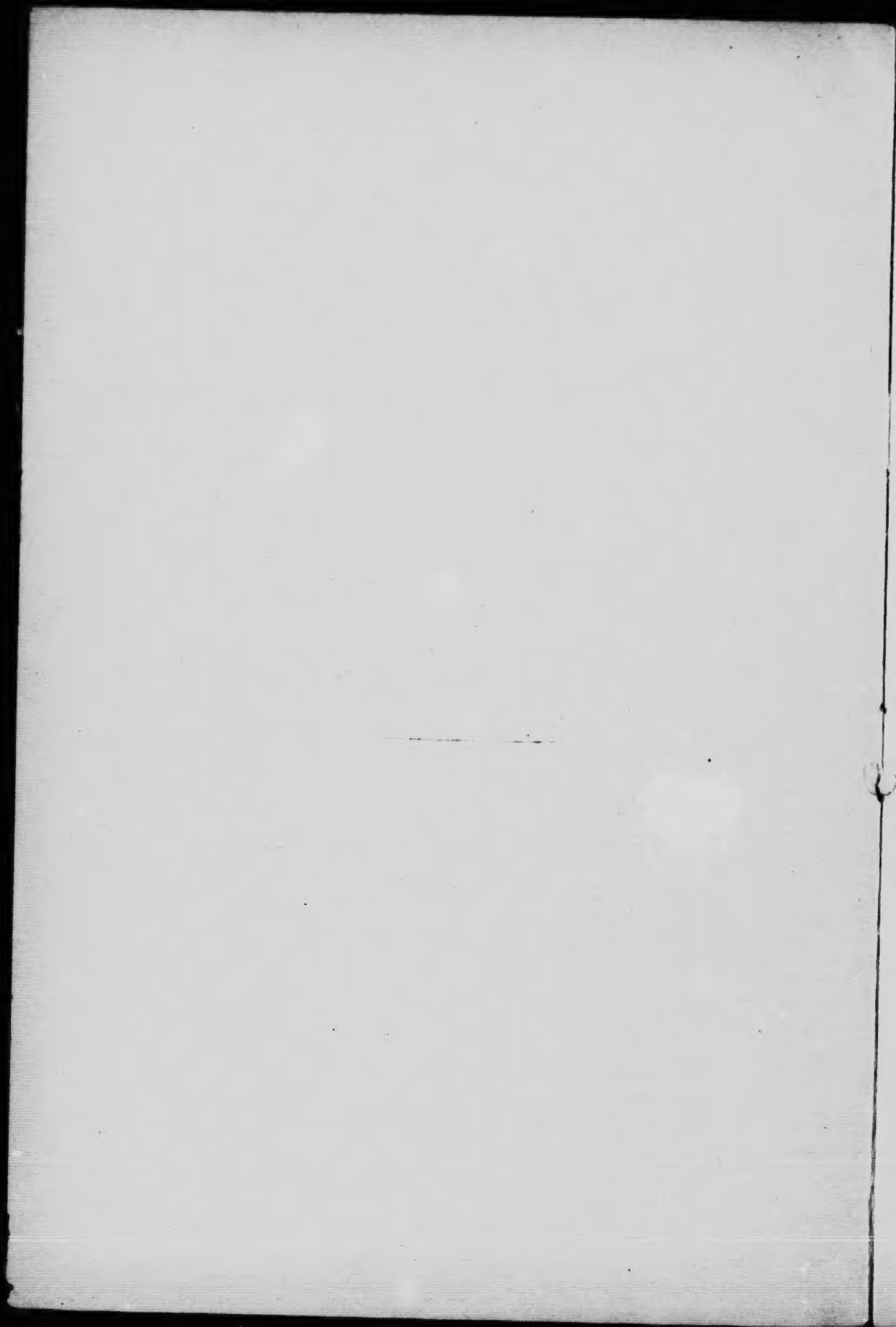
MEDICAL NOTES OF A TRIP TO CUBA.
AN ADDRESS DELIVERED TO THE STUDENTS' MEDICAL SOCIETY OF
MCGILL UNIVERSITY, MARCH, 1901.

BY

FRANCIS J. SHEPHERD, M.D.

Reprinted from the Montreal Medical Journal, August, 1901.





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Last Aut. un Sir William Van Horne asked me to accompany him on a trip to Cuba, promising me that I should see Cuba in all its phases. We left Philadelphia on November 8th and reached Santiago on the 12th. Santiago we found to be quite a model town owing to the wise rule of General Wood. The town is an example to all towns in this or other countries, for, from being the pest-hole of the West Indies it has become a sanatorium. Drains have been made and streets covered with asphalt, a sanitary corps keeps the streets clean, men pushing small waggons pick up every scrap of dirt, and every hour or so the sanitary carts come along and carry off the collections. This, however, is not done at the expense of the City but funds are derived, I believe, from the Customs duties.

Yellow fever has been entirely abolished, no case has occurred for over 18 months and if the mosquito theory of the transmission of the Yellow fever is true, no case can originate there and if yellow fever is seen in the future it will be due to importation. The Santiago Province protects itself by quarantine from Havana where yellow fever exists all the year round.

I think it has been now proved beyond doubt by the experiments of Drs. Walter Reed, Carroll and Agramonte, that the mosquito is the carrier of the Fever parasite. It seems that the parasite of the disease, as in malaria, undergoes a definite cycle of development in the body of the mosquito before the latter is capable of conveying infection. This period appears to be not less than 12 days. A number of soldiers, doctors and others, submitted to the test of being bitten by mosquitos

who had already fed on yellow fever patients, and 85.71 per cent. were infected, their inoculation period being 2 to 6 days. This discovery is important for quarantine is only useful in Southern ports where this kind of mosquito exists and disinfection of clothing and bedding is a work of supererogation.

The name of the mosquito is the *Culex fasciatus*, and the houses in Santiago which have been regarded as centres of infection for Yellow Fever (and were destroyed by General Wood), were only so because they harbored this dangerous insect. To abolish yellow fever it is important to prevent the mosquito biting the yellow fever patient, and of course to destroy the mosquito, a procedure not characterised by any great degree of simplicity, in fact, rather a 'big contract.' If yellow fever cases can be successfully protected from the mosquito by wire screens, etc., then the mosquitos having no more patients to bite won't be able to manufacture the parasite all by themselves—in fact it needs a combination of mosquito and patient to do this. The excreta of the patient have no power of conveying the disease. Dr. Finlay of Havana long ago asserted that mosquitos spread this disease and he made experiments to prove his case.

The number of deaths from yellow fever in Havana in 1900 was 310, in 1896 1,282 died of this disease which only attacks foreigners, natives being, it is said, immune. Dr. Guiteras of Havana, however, says that the reason yellow fever persists so constantly is that many very mild cases occur amongst native Cubans and colored people, and that these cases are not recognized as yellow fever but thought to be malaria or other diseases. The foreigners attacked were Americans and Spaniards. But I have wandered away from Santiago.

The temperature varies little all the year round. It is perpetual summer in Cuba, the winter months being only a few degrees cooler than the summer, 80° to 90°, the average temperature, and the air is charged with moisture which makes exertion in the heat of the day unpleasant. Santiago is situated at the foot of a beautiful bay and encircled by high hills (2,000 to 3,000 ft.). There is a lower and an upper part of the town; in the upper part on a high ridge is situated the General Hospital containing 300 beds, under the charge of Dr. Castillo and his assistants. Dr. Castillo is a brother of the Governor of Santiago Province and was a prominent man during the Revolution and did much for the cause of liberty in Cuba. He is a man of remarkably fine presence and of brilliant abilities. He was educated in the United States and for a time was a surgeon in the American Navy and accompanied one of the Search Expeditions to the North Pole as surgeon. When the Americans took Santiago he was with them, and on the epidemic of typhoid and yellow fever breaking out, this hos-

pital which had been a Spanish military hospital, was made use of. But as it was thought to be so infected with yellow fever as to be dangerous to Americans it was handed over by General Wood to Dr. Castillo to be used as a general hospital for natives who have practically all negro blood in their veins, and hence are immune to yellow fever.

The place is arranged in large pavilions round a central square containing beautiful trees and flowering shrubs. In this part of the country all the buildings are of one story and this hospital is no exception to the rule; there are no problems of ventilation and heating to wrestle with, everything is built for summer. The hospital is clean and well managed and much good work is done. Dr. Castillo has lately had several successful cases of extirpation of the uterus of which I saw two rapidly recovering. He has collected money enough to build a steam laundry and expects to light the place with electricity when he gets his plant for the laundry. He has also nearly completed a very good children's hospital, the money for which he himself collected.

I saw some cases of malaria there, all apparently originating outside the city and I am told by Cuban medical men that besides the ordinary malaria there is a pernicious type somewhat like the 'Black water Fever' of Africa, also there are occasional cases of typhoid though these are not numerous. There is a fever seen not infrequently in Cuba which is not malaria, because it does not yield to quinine, nor are organisms of malaria in the blood, nor yet is it typhoid for the blood does not react to any typhoid test. It is characterised by high temperature and great prostration and but little seems to be known about it. A systematic investigation is needed to determine its nature.

Whilst at Santiago Dr. Castillo asked me to perform some operations. The first case I operated on was one of obstruction of the bowels which had lasted four days and was most interesting because it turned out to be a case of pro-peritoneal hernia with gangrenous bowel. I had to resect about a foot and a-half of the intestine. The man stood the operation well and when I left was progressing favorably. Another case was an enormous osteo-sarcoma of the lower jaw in a woman, from whom I removed the greater part of the lower jaw. In this, as I always do in tumours of the neck, I freed the lower part first, securing the blood vessels, and then found no difficulty in disarticulating the jaw and removing the growth and it together. Patients in Cuba seem to stand operations fairly well, though, probably owing to the poor food they consume, do not stand loss of blood well. The operating room was well equipped and well lighted, quite modern in every way and besides this it is fly and dust proof.

There are quite a number of lepers in Santiago, some 300 I was told,

and I saw several in the streets. There is a small house attached to the hospital which has four lepers in it, all early cases. I visited the Leper Hospital in Havana and was most interested therein. It is called "Casa Hospital de San Lazaro," and was founded in 1681, by Don Pedro Alegre. The present building and foundation dates from 1823 and although it gets grants from the Government and the City still it is chiefly supported by bequests and donations. As one goes into the front doorway one finds oneself in the portico of a large church. This part is free to the public. On entering the church one sees on each side of the chancel transepts separated from the church by a high iron railing in which the lepers sit and attend service and also at the same time can see their friends who come to the church. The women are on one side and the men on the other. The hospital, the pavilions of which are around a large court, contains 100 patients in all stages of the disease. The ones upstairs are the far advanced cases and confined to their beds, helpless, blind and maimed people, whose sad state makes one shudder to see and whose only hope is a speedy death. The corridors on the ground floor are peopled by lepers who can move about, they eat in a common dining room and seem moderately happy. I saw many of the comparatively early cases, chiefly of the anæsthetic tubercular variety. The medical head of the hospital I did not see, Dr. Manuel Alfonso, but everything seemed in perfect order and very clean. The nursing department is in charge of a community of nuns who also look after the feeding of patients and dispensing. I was taken about by the Mother Superior and a Sister. The Sister was a charming woman, bright and talkative, and hailed from Limerick, Ireland, she told me that up to the time the Americans came she had not spoken English for 20 years, and had almost forgotten how to speak it; she had, however, preserved intact a very rich Irish brogue which was delightful to hear in Cuba. She informed me that since the nuns had charge not one of them had ever contracted leprosy nor had any of the assistants, although they had been in charge for over 75 years. In her experience several cases had been discharged cured, Chaulmugra oil being the great remedy.

I took several photographs of the lepers and they seemed rather to like it than otherwise. There was one native American patient, he had been living for years in Cuba and contracted the disease in Porto Principe. It is said the Government of General Wood in the near future intends to remove the lepers to an adjacent island. The patients themselves object because they will not be able to see their friends. At present patients cannot be compelled to go to a hospital and their entry is purely voluntary, but once they enter are not allowed to leave. There seems to be a general impression in Cuba that fish eating has something

to do with the production of the disease, this is also the opinion of Mr. Johnathan Hutchison.

I was much interested, while in Havana, in the hospitals there. One large public hospital in the outskirts is being remodelled and a considerable amount of money is being spent by the Government to make the wards and equipment the most modern. This includes a steam laundry, an electric light plant and a most modern up-to-date operating room. The nursing is in charge of American ladies who are endeavoring to train Cuban girls as nurses. As the hospital was undergoing extensive alterations, I did not see it under very favorable auspices, but what I saw impressed me greatly. I saw an abdominal operation in which every modern aseptic precaution was taken.

There is also another hospital, No. 1, which was occupied by Spanish soldiers during the war. It consists of a number of detached wooden pavilions connected by galleries. It can be made to accommodate 3,000 patients. American nurses reign here also and everything was clean and in perfect order. The operating room was modern, especially as regards gynecology. The Yellow Fever Hospital I did not visit.

Dr. Fernandez, the president of the Pan-American Medical Congress which met recently in Havana, spent a day taking me about. We visited the Medical School, which consists chiefly of class rooms and a dental department which was well-equipped with modern dental chairs. The dissecting room was small and contained only a very few tables on which there were a couple of subjects. At the time I was there there was no dissection going on by the students, but some of the demonstrators were hard at work making some very beautiful preparations of the foot and knee. I also visited with Dr. Fernandez a large building on the university grounds which has recently been handed over to the Medical Faculty for Laboratories: there was a fine histological laboratory in the process of equipment but I saw but little provision, beyond rooms, for physiology, chemistry or pathology. Museums were conspicuous by their absence.

In the hospitals there were no arrangements by which students could see operations and I could not gather that there was any special clinical teaching. Dr. Fernandez is one of the most progressive of men. He has a large laboratory and library at the top of his house, he has skilled men trained in Pasteur's laboratory, continually experimenting, making antitoxines for diphtheria and tetanus and examining pathological specimens. He keeps four horses below stairs from which he gets the serum, all the horses looked in perfect condition, one especially which he has had for two or three years and from whom some hundreds of quarts of blood have been drawn, is especially lively and healthy. Dr.

Fernandez did all this at his own expense and at first gave all his anti-toxine away, but now he charges for it at cost; his laboratory is made much use of by the practitioners in Havana. He has an immense medical library and is the Editor of "The Cronica Medico-Quirurgica de la Habana." Dr. D. J. Santos Fernandez, is the most prominent ophthalmic surgeon in Cuba.

I visited also two private Spanish hospitals, one conducted by the Association de Dependientes del Comercis de la Habana. This Society has a magnificent hospital in beautiful grounds called the "Quinta de Salud la Purisima Concepsion." The hospital consists of separate buildings, a large administration building, a large building containing a complete hydropathic establishment hot and cold water in every form and hot air and steam baths with all kinds of douches, which are managed by the director from a kind of pulpit; separate buildings for males and females and a very fine new operating theatre. This Society is very wealthy and has been in existence for years. It started first as a cottage hospital as its name 'Quinta' implies, and soon it grew larger and larger until it reached its present size. Each member pays \$1.50 a month, or \$18.00 a year, and as there are 13,000 members, their income is about \$234,000 a year. They have a surgeon-in-chief and physician-in-chief who are each paid \$3,000 or \$4,000 a year, and their assistants in proportion. Each member of the Association is entitled to a private ward and free medical and surgical attendance when ill. He can have his own doctor in preference to the regular surgeon or physician of the establishment. He can recommend anyone to this hospital to one bed. Although there are some 200 beds, when I visited the place there were only 50 patients actually being treated.

I visited another similar institution kept up entirely by natives of Asturias in Spain. This was not so modern as the one I have just described but has most charming grounds with a wonderful collection of tropical trees about it and lovely gardens. It has occurred to me that such a society for the establishment of an infectious hospital would be of advantage here. Let each member pay a stated sum into the society yearly, this would entitle him to one bed for himself or any member of his household. A membership of say 2,000 at \$10 per annum would give \$20,000 a year, for which a moderately sized hospital could be run. It would be like an insurance against infectious disease and when such diseases did come to us we could send members of our family to a place which would be modern, scientific, properly managed and comfortable. In every town in Cuba these Spanish private hospitals exist.

Another institution I visited was the Foundling Hospital (Materni-

tadad). A very old foundation and apparently very well managed. It is of huge size. There is a turnstile containing a basket in which infants are deposited from the street; on passing through the opening the basket strikes a series of bells, the noise of which arouses the nun on duty. She takes in the waif. They keep the clothes and trinkets found on the babies in a huge glass case for future identification. Some of the clothes were beautifully worked, and some of the trinkets valuable. The foundling remains in the institution until they learn a trade. The boys learn printing, carpentering, shoe-making, etc., and the girls are trained in house work for servants. The place is under the charge of a community of nuns. The inmates all appeared very happy, and were of all colors—no color line there being tolerated. I was treated most courteously and shown everything. In one case are a number of photographs of former inmates who have been successful in life. Many of these I was told became benefactors of the institution.

Tuberculosis is very prevalent in Cuba, and among the colored races is very fatal. This is strange, for the inhabitants practically live in the open air. Of course, when colored races mix with white their powers of resistance to disease seem to be lessened. The people wear little clothing, and in the country children up to 10 or 12 years of age go naked. Babies, even of the better classes, never wear clothes. The lower classes live in huts made from the palm tree, the roof is formed from the leaves, the sides from the trunk, and the bark is used to divide the rooms and fill up the crevices. Doors and windows are usually mere openings closed with mats. The people sleep usually in hammocks.

Although perhaps the best tobacco in the world is grown in Cuba, many of the better classes do not use it. In several of the tobacco factories I visited the proprietors did not smoke. Smoking, however, is very prevalent among the lower classes. They raise their own tobacco and make their own cigarettes and cigars. Women smoke as much as men, and it is no uncommon sight to see a procession of women with baskets or water jars on their heads, and in the mouth of each one a huge black cigar and clouds of smoke obscuring their swarthy countenances. It seems to agree with them, for they all look well and happy.

In a town in the centre of Cuba one of my friends got ill, with what, I know not. He had severe headache, vomiting, backache and a very high temperature. I saw him and advised him to get a local doctor, as I was not acquainted with the tropical fevers. My friend, who had spent some 20 years in the tropics, was sure he had yellow fever, as he had seen many cases. The local doctor examined him carefully, and after examining the urine, said it was not yellow fever, but could

not say what it was. They rest their diagnosis of yellow fever entirely on the fact of there being albumin in the urine. As he was in an uncomfortable hotel, I went to the Spanish private hospital, became a subscriber and arranged for my friend to have a private ward. But before removing him I had to have the doctor of the hospital see him and the two had a consultation which lasted some 30 or 40 minutes, and was held in voluble Spanish over the bedside of my friend, who understood and spoke Spanish perfectly. During the consultation innumerable cigarettes were consumed, and the patient was surrounded by a halo of smoke.

After a time the consultation was transferred to the next room, and my friend told me that the hospital doctor said that he had yellow fever, but the other held to his first opinion. Having the carriage at the door, I called to one of the doctors, who spoke French, and said I was going to take my friend to the hospital whatever the disease was. They submitted to my decision with Spanish politeness (for a Spaniard would rather be accused of murder than impoliteness), and I took my friend to the hospital, where the doctors fought out the diagnosis for several days; in fact, until my friend was out of danger, as they said if he lived over the fifth day it is not yellow fever. My friend told me that whatever they considered the disease to be they were treating him for yellow fever, and the treatment is very simple,—purge in the morning, again at noon, and again at night, and do the same next day. My friend recovered in ten days, and to this day no one knows positively what disease he suffered from.

Apparently, as the diagnosis of yellow fever in Cuba depends entirely upon the presence or absence of albumin in the urine, many mistakes occur, for it is well known that numbers of cases of yellow fever have no albumin in the urine. Again, many cases of yellow fever are, I believe, so mild that they are unrecognisable. The doctors in Cuba, except in Havana, do not seem alive to the blood examination in malaria and typhoid fever, if they used this oftener they would, I believe, exclude more cases of so called yellow fever.

Havana is a beautiful city, but still undrained, but they are now undertaking a huge system of drainage and paving, which will, it is said, when completed, make Havana a veritable sanatorium.

Cuba is a wonderful country for the raising of all forms of food. Before the war good beef could easily be got very cheaply, and immense herds fattened on the rich guinea and parana grass, which grows so luxuriantly in the province of Santiago. As a rule, the cows give but little milk, and butter is not made in any quantity; the feed goes to beef, not milk. Imported butter in tins is used everywhere, and also

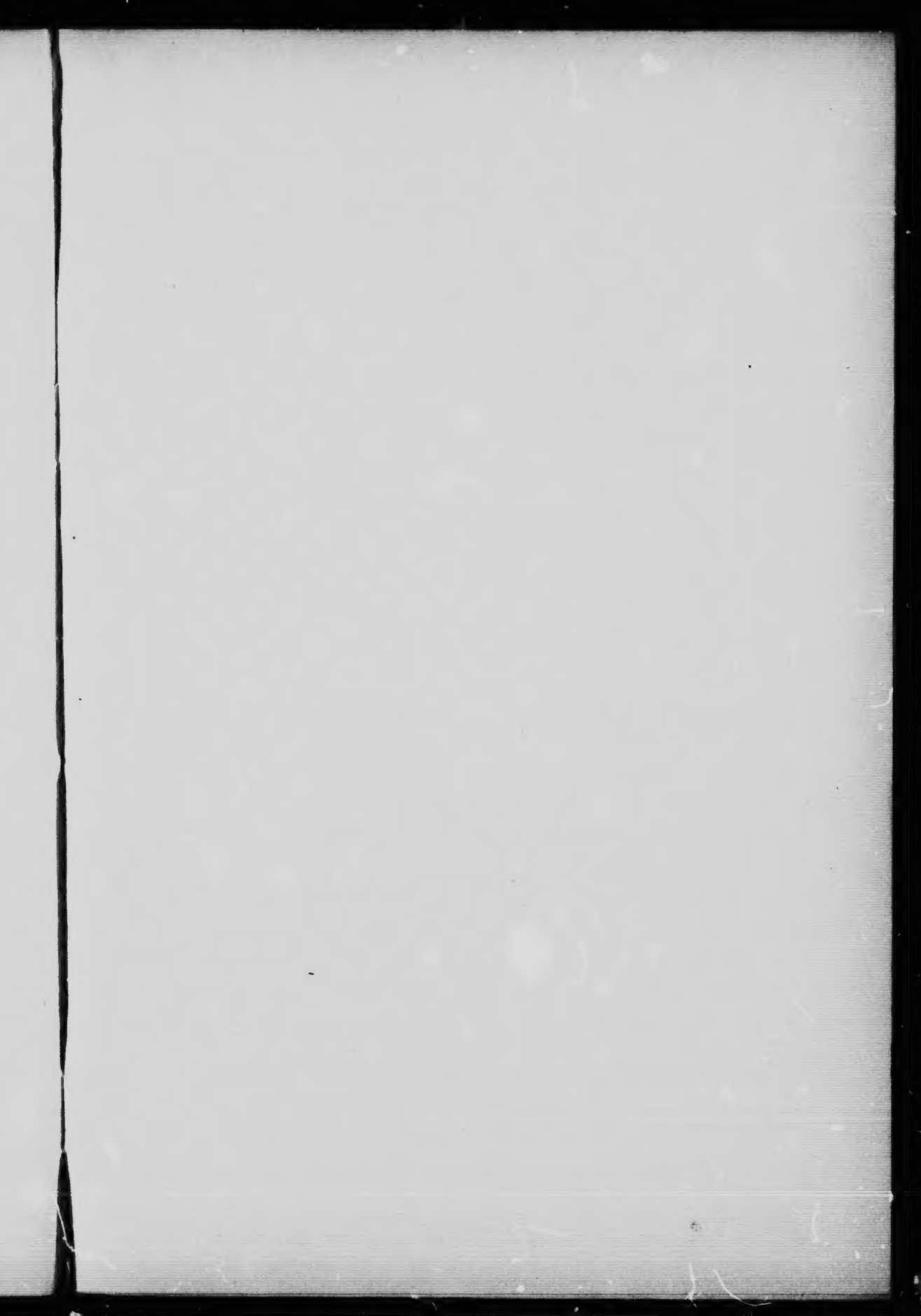
tinned cream and condensed milk. Oleo-margarine is very popular because it never gets tainted. In the hospitals all the milk I saw was boiled immediately on receipt; they do not seem to have yet introduced Pasteurisation. I several times had my attention drawn to the thick yellow crust which formed on the boiled milk, and which was pronounced beautiful cream. All kinds of fruits are most abundant, oranges, limes, grape fruit, custard apples, alligator pears, bananas and plantains, sapodillos, mangoes, etc., and many other kinds the names of which I forget.

Cocoa-nut water is much recommended as a diuretic. It is only used when clear and limpid in the green cocoa-nut. Bananas are never eaten raw, always roasted or boiled, taking the place of bread. Sweet potatoes grow well, but the Yuca root is the favorite substitute for the potatoe. It is these roots from which tapioca is made. It struck me as very curious that so much pork and ham was eaten in such a hot climate but every hut has its quota of pigs. These are of the razor-back variety, and are semi-transposed at certain seasons of the year; however, when the nuts of the Royal palm are ripe and ready to fall, the pigs congregate about the trunks of these trees, which are of large size and very numerous, and open their mouths and wait for the nuts to fall into them. They now get very fat, and are soon ready for killing. Pigs fed on these nuts make most delicious pork and very sweet hams.

There are many wild pigs on the island, probably imported. Also deer, guinea-fowl and pigeons; there are few native animals, no monkeys, and what is very fortunate, no poisonous snakes. One snake, the Ma La, grows to some 15 feet in length, but is harmless, and is tamed as a house pet to kill rats. There are a few scorpions and tarantulas, the latter only of which I saw when I looked for them; they rarely attack you unless irritated. All the rivers abound in Caymans (a kind of crocodile), and when going in swimming one has to employ small boys to throw stones to keep these creatures away. They are not very wicked, but are said to be fond of dogs and pigs. In all the bays sharks abound.

Amongst the curious things I saw in Cuba were lobsters without claws and oysters growing on trees. Both were favorite articles of diet. Shrimps also were very good, and also guava jelly, which is eaten with cheese at every meal. Every small landed proprietor raises everything he wants to eat, such as bananas, Yuca root, oranges, coffee and sugar canes and ^{peas}. He can raise several crops a year and support a family on an acre or two. Hence, where living is so easily got, the people are very apt to be lazy, and the Cubans are no exception to the rule.

We left Havana on Dec. 11th for New York dressed in linen suits, and with a thermometer of about 80 degrees; in two days we were glad to put on heavy flannels, thick suits and overcoats, and when we arrived in New York on the 15th we found everything frozen up and the thermometer down to zero. Thus ended a most pleasant six weeks holiday. The last man I shook hands with on the steamer in Havana died at Ciego in the centre of Cuba three weeks after our departure.



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